

MAILING ADDRESS

State of California
Department of Insurance
P.O. Box 1139
Sacramento, CA 95812-1139

- FOR DEPARTMENT USE ONLY -
EFFECTIVE DATE IS DATE SIGNED
UNLESS VALIDATED OTHERWISE, OR
MARKED VOID BY THE DEPARTMENT.

AGENT NOTICE OF TERMINATION

Filed Pursuant to Sections 1704, 1707, and/or 1673 or 1756.

ATTACH FILING FEE

1

To the Insurance Commissioner of the State of California:
Notice is hereby given that effective from the date of filing of this notice, the
designated Agent hereby terminates the appointment of the insurer named herein.

CHECK ONE BOX ONLY:

2

☐ (FX)-Fire and Casualty Broker-Agent☐ (PF)-Part Time Fraternal☐ (LX)-Life Agent☐ (DO)-Disability Only☐ (TA)-Travel Agent☐ (MC)-Motor Club

3

INSURER INFORMATION

COMPANY NUMBER MUST BE ENTERED.

NAME AND ADDRESS OF OFFICE OF INSURER TO WHICH COPY IS TO
BE RETURNED MUST BE TYPED IN SPACE BELOW.

COMPANY NUMBER

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NAME

MAILING
ADDRESS

CITY

STATE AND
ZIP CODE

4

AGENT INFORMATION

AGENT'S LICENSE NUMBER MUST BE ENTERED.

NAME AND MAILING ADDRESS OF THE AGENT MUST BE TYPED IN SPACE BELOW.
(USE FULL NAME UNDER WHICH LICENSE ISSUED.)

LICENSE NUMBER

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NAME AS SHOWN
ON FIRST LINE
OF LICENSEMAILING
ADDRESS

CITY

STATE AND
ZIP CODE

5

SIGNATURE OF AGENT:

DATE:

PHONE # (

NOTICE TO INSURER: This Notice of Termination was filed by the Agent.